

FLSA EXEMPT FORM

Employee Name _____

Social Security Number _____

Class Code _____

Date of Test _____

EXECUTIVE ANSWERS (CIRCLE)

1. Yes No
 Management Activities Factors: a b c d e f g h i other _____
2. Yes No
3. Yes No
4. Yes No

ADMINISTRATIVE ANSWERS (CIRCLE)

1. Yes No
2. Yes No
 Factors: a b c d e f g h i j k other _____
3. Yes No

PROFESSIONAL ANSWERS (CIRCLE)

1. Yes No
2. Yes No
3. Yes No

ALL ANSWERS IN ANY ONE CATEGORY MUST BE "YES" TO BE EXEMPT.

FINAL FLSA STATUS

EXEMPT ☐

NON-EXEMPT ☐

I certify that, pursuant to the Fair Labor Standards Act, the answers above correctly reflect the duties performed by the above named employee.

NAME OF SUPERVISOR _____

Signature

Date

c: Personnel File